



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 3533

Bib Data Sheet

SERIAL NUMBER 09/935,726	FILING OR 371(c) DATE 08/24/2001 RULE	CLASS 530	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 1488.100000O/HCC/LMB
APPLICANTS Jing-Shan Hu, Sunnyvale, CA; Craig A. Rosen, Laytonsville, MD; Liang Cao, South Horizons, HONG KONG;				
** CONTINUING DATA ***** This application is a CON of 09/438,538 11/12/1999 ABN which is a DIV of 09/042,105 03/13/1998 PAT 6,040,157 which is a CIP of 08/999,811 12/24/1997 PAT 5,932,540 which is a CIP of 08/465,968 06/06/1995 PAT 6,608,182 and is a CIP of 08/207,550 03/08/1994 ABN and said 08/465,968 06/06/1995 is a CIP of 08/207,550 03/08/1994 ABN				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/04/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 47	TOTAL CLAIMS 76
Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 12		
ADDRESS 28730				
TITLE VASCULAR ENDOTHELIAL GROWTH FACTOR 2				
FILING FEE RECEIVED 3158	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	